

BUSINESS CHANGE OF NAME FORM:



PLANNING DEPARTMENT
100 S Market St. Troy, OH 45373
Phone (937)339-9481, Fax (937)339-9341
www.troyohio.gov

1 LOCATION OF PROJECT	Business Address	Subdivision	Lot No(s)
	Current Name of Business	Type of Use (Store, Bank, Restaurant etc.)	
2 REQD INFO	Names (Please <u>Print</u>)	Mailing Addresses – Street, City, Zip Code	Phone (Day time)
NEW BUSINESS NAME			
3	Has the Federal Identification Number Changed? Yes No	4	Building Area (square feet)
5	Total Number of Employees	6	Do you need new signage? Yes No

SIGN FULL NAME
By signing this from, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application will allow a representative of the City of Troy to enter said property for inspection purposes if needed.
Signature of applicant _____
Date: _____
Fax No. _____

OFFICE USE ONLY		
ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A B C

OFFICE USE ONLY		
TYPE OF WORK	FEE \$	TOTALS
OCCUPANCY FEE	\$0.00	\$0.00
TTL AMT DUE	\$0.00	\$0.00
TTL AMT PAID	\$0.00	\$0.00
Date:	Receipt No.	

NOTES (Office use only):